Nece

41261

(Address)

# HEALTH DEPARTMENT-CITY OF BALTIMORE

EXACTLY. PHYSICIANS should Exact statement of Exact

terms, so that it may be properly classified. See instructions on back of certificate. stated EXACTLY PERMANENT MARGIN RESERVED FOR BINDING information should be carefully supplied. State CAUSE OF DEATH in plain terms, OCCUPATION is very important. See ins

CERTIFICAT	E OF DEATH (23)
1. PLACE OF DEATH.	Registered No. 51
CHY OF BALTIMORE: (No appeals.	
Length of residence in city or town where death occurredyrs	mos ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Ella May (a) Residence: No. 232 Framul En	Back Grocks
(Usuai place of abode)	(If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4 Color or Race 5. Siugie, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) Nov 15 , 193
F Sincole	22 1 HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced	Dept 15 , 192 to Mor 15 , 1932
HUSBAND of (or) WIFE of	I last saw her alive on 700 1 1930 death is said
Il Piara	to have occurred on the date stated above, at 2.15 7m.
6. DATE OF BIRT11 (month, day, year) Tale 1972.  7. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance were as follows:
2 2 7 1 day,hrs.	Date of onset
ormin.	Pulmonary Tuprculous 8.1.3
8. Trade, profession, or particular kind of work done, as spinner, Some star	
sawyer, bookkeeper, etc	
work was done, as silk mill, saw mill, bank, etc	
10. Date deceased last worked at this occupation (month and year)   11. Total time (years)   spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (city opon peale P. O.	
(State or country) Calbert Co. mid	
18. NAME LOGIC & Buck	
	Name of operation
14. BIRTHPLACE (city or town). (State or country)	What test confirmed diagnosis Putture Was there an autopsy?
15. MAIDEN NAME Susie Gross	23. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide?Date of injury
16. BIRTHPLACE (city of town)	Where did injury occur?
(State or country) (Calvery C. ned	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
17. INFORMANT A LOS COLLECTIONS	place,
(Address) 232 Hymny Avr	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL Place Sallata lo md. Date MX 19, 193 9	Nature of injury
19. UNDERTAKER Joseph of Lively (Address) 7099, mount at the other and	24. Was disease or injury in any way related to occupation of deceased?
11110 3H	(Signed) M D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
		dynas de la companya	

item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93·c
County Calvert	Registration Dist. No. 50
Village or City Solomons	No. St., Ward
Length of residence in city or town where death occurred Like yrsmos.	death occurred in a hospital or institution, give its INAIME instead of street and number)
70 - 100 111	O 150 es
(a) Residence: No. Islamon (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Movember 17, 193 4  (Month) (Day) (Year)
5a. If married, widowad, or divorced	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and yaar)  7. AGE  Years  Months  Days  If LESS than  f day,hrs.  ormin.	I last saw h. 1 271. alive on
8. Trada, p ofession, or particular kind of work dona, as SPINNER, Osplernos . SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and year) occupation	myses-died Degeneration 334 arterioschroses 1927
12. BIRTHPLACE (city or town) Maryland (State or country)	Cities Continues of importance.
f3. NAME  Mukuowa  f4. BIRTHPLACE (city or town)  (State or country)	Name of operation Thermitalorum. Date of 8/26/34
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	What test confirmed diagnosis? Was thara an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accidant, suicide, or homicide? Date of Injury , f9
17. INFORMANT George Carey (Address) followors mid	(Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Med. Data Nov. 19, 1934	Mannar of injury
19. UNOERTAKER A. A. Harkness (Addrass) Fruce Frederich. W.S. 20. FILEO 1/8, 1934, DV ESCOLATOR	24. Was disaase or injury In any way related to occupation of daceasad? No  If so, spacify S. Coster — M. D.  (Addrass) Salarrons, M. D.

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EUNEAU	1		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Co	ounty Calynt			Registration Dist. N	10. 52
Vi	llage or City Change	ll.	No		St.,Wa
La	ngth of residenca in city or town where		If death occurred in a hospital or in sds. How long in U.S.		
2 FII	ILL NAME Melin.	mayelles l	Carlo		
	) Residence: No.		St. Ward.		
(4	n nesidence. No.	(Usual place of abode)		If nonresident give city	y or town and State
P	ERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL	CERTIFICATE OF	DEATH
3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATI	// 2	5 , 193 V (Yaar)
HUS	riad, widowed, or divorced BAND of WIFE of		22. I HEREE	BY CERTIFY, The	at I attended deceased fr
& DATE	OF BIRTH (month, day, and year)	9/9/24	I last saw h aliva on.	Lew. 24	
7. AGE	Yaars Months	Days   If LESS than	to have occurred on the date s	4. 45.5.	/
	2	1 day,hrs	The PRINCIPAL CAUSE OF D	EATH and raiated causes of im	portance
8. T	rade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Jufant	Gestio -	Certina	Date of one
	ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
Ö 10. D	late deceased last workad at this occupation (month and year)	11. Total time (years) spent in this occupation			
12. BIRTH	PLACE (city or town)	of Unitral.	Other Contributery Causes of i	mportance:	100
1/1/	State or country)	fol .	Incal	<u> </u>	1(
14. W	AME Earth C	rainey			
14. B	IRTHPLACE (city or town) (State or country)	the sol		?	
15. M	IAIDEN NAME Melin	Marielles	23. If death was due to external		
5 16. B	IRTHPLACE (city or town)	11. 1		? Date of	
E	(State or country)	4	Whera did injury occur?	(Specify city or town, o	16
17. INFOR	MANT Editors)	Charrey	Specify whather injury occurra	d in INDUSTRY, in HDME, or	in PUBLIC PLACE,
	ace. M. Harmon	11-27,1324	Manner of injury		
19. UNDEI	RTAKER WY HATCH	ino	24. Was disaase or injury in an		
	Nov 27 1974 W?	+ Hardesh	(Signed)	WWard	N

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

ARGIN RESERVED FOR BINDING

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DEC 7 1534			
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Gallstones	May 1,1923	Gastroenteritis	1 year
		<i>*</i>	

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

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1	2	ζ	
-	2	1	

1. PLACE OF DEATH  County CALVERT	Registration Dist. No. 5
Village or City CALVERT Co. Hogo (Suice	No. Federick St., Wa
	If death occurred in a hospital or institution, give its NAME instead of street and number)
1 6	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME MASE HASE	
(a) Residence: No. HUNTING TOWN (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ON DIVORCED (write the word) SINIGLE	21. DATE OF DEATH  Roverelles 3 , 193 / (Year)  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. Colober 28 1934 to November 3 1935
6. DATE OF BIRTH (month, day, end year) Wasch 5, 1908	Hast sew h. e.M alive on November 21934; death is s
7. AGE Years Months Days If LESS than I day, hrs. or min.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, es SPINNER, James SAWYER, BODKKEEPER, elc.	Perforation would of bour 10/2
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  D. Date deceased last worked at this occupation (month bid	Peritonites 19/2)
12. BIRTHPLACE (city or town) Phuselucy Caron	Other Contributory Causes of Importance:
State or country Cluse	
14. BIRTHPLACE (city or town). Column (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Messel Macfeel  16. BIRTHPLACE (city or town).  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)
17. INFORMANT JOYUL W. CHILDLE (Address)  18. BURIAL CREMATION. OR REMOVAL	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place Date 11 4 , 1963 4	Menner of injury Sugle steel jacket bester terror
19. UNDERTAKER A TO A Hulokuming (Address)	24. Was disease or injury in any way releted to occupetion of deceased?  If so, specify
20. FILED /1/4 /34/19 ST Though Registrar.	(Signed) (Address) Andrews Duding

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11144
1. PLACE OF DEATH	34)
County Called	Registration Dist. No.
Village or City Cove Pt.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Stiller Gree  (a) Residence: No.	ds. How long in U.S. if of foreign birth?
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and yeer) 100 6, 1934  7. AGE Yoars Months Days If LESS than 1 dey,	I last saw h
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year) Coupation  12. BIRTHPLACE (city or town)	Dihear Contributory Cruses of Proorjance:
(State or country)  La 13. NAME  Oregunell	
13. NAME JOSEPH PREMIUELL  14. BIRTHPLACE (city or town) St Many Co	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME March Price (State of country)  16. BIRTHPLACE (city or town) Calvery (State of country)  17. INFORMANT (Address)	23. If death was due to externel causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION OR REMOVAL Place The Date The 9-, 1938	Manner of Injury
19. UNDERTAKED JOSEPH BERNOELL (Address)	24. Was disease or injury in any wey related to occupation of deceased?  If so, specify
20. FILED 200. 9 19 J. Registrar.  16 more blanks are needed address. State Periodes.	(Signed) M. D. (Address) M. (Add

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•	9		
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Gallstones	May 1,1923	Gastrocnteritis	1 year
			200

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

No	d in a hospital or institution, give its NAME in	St.,	Ward
	How long in U.S. if of foreign birth?		
de	Z		
			X
St.,	/ Ward.		
		e city or town and	State
	MEDICAL CERTIFICATE C	OF DEATH	
21. DAT	E OF DEATH	11	11
	(Month)	2 Z (Oay)	193 (ear)
	()		(1001)
22.	I HEREBY CERTIFY.	That I attended	deceased from
	1930 ,10 26	V. L C	, 1924
	alive on Lew. 2 2	, 19 3 4	; death is said
to have occ	urred on the date stated above, at 6 P	m.	
The PRINC	IPAL CAUSE OF DEATH and related causes	of Importance	
were as fol	lows/		Dats of onset
	X. J. C.		17.50
	L'agrand	,	
a	renouceurs		'/
Other Cont	ributory Causes of importance:		
1./		A	
an	mic Myocas	delis	
Name of op	eration	Oata of	
What test c	onfirmed diagnosis?	Was there an a	utopsy?
	was due to external causes (VIOLENCE) fill In		
	uicide, or homicide? Dat		
		e or injury	, 17
whela did i	injury occur? (Specify city or tov ether Injury occurred in INDUSTRY, in HOME	wn, county and State	:)
Specify who	other Injury occurred in INDUSTRY, in HOME	, or in PUBLIC PLA	CE.
	***************************************		*
Manner of	Injury		
Nature of i	njury		
24. Was dise	ase or injury in any way related to occupatio	on of deceased?	20
too, open	fy	7 - 7	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUDEUI V. S.	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH 7 11140
1. PLACE OF DEATH	(Hot.)
County Calvert	Registration Dist. No. 50
Village or City Islamons	NoSt., Ward
7=//	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?
2 FULL NAME Edward Harr	in a lange of
(a) Residence: No.	St Ward.
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Year)
53. If married, widowed, or divorcad nussand of (or) WIFE of Mrs. Nettie Jones	22. I HEREBY CERTIFY, That I attended daceased from nor-10 1934 to Nor-16 1934
6. DATE OF BIRTH (month, dey, and yaar) may 5-1866	l last saw h1 m elive on Nov 16 1934; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the dete steted above, et. (2: A · m.
68 6 11 1 day,hrs.	the reference of planes
Trade profession or particular	Data of one at
kind of work dona, es SPINNER, Cysterman SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesad lest worked at  11. Total time (yeers)	Influenza - /8/34
d work wes dona, as SILK MILL, SAW MILL, BANK, etc	000000
10. Date deceesad lest worked at this occupation (month end spant in this	1/3/34
this occupation (month end spant in this occupation	
12. BIRTHPLACE (city or town)	Other Costributory Canses of Importance:
(Steta or country) maryland	
13. NAME John Treland Jones  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(Stete of country)	What test confirmed diagnosis? Wes there an eulopsy?
15. MAIDEN NAME Mary Jane Cecl  16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOL ENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town)  (Stete or country) Manyland	Accident, sulcide, or homicide?
giele v (meen)	Where did injury occur? (Specify city or town, county and State)
(Address) Llowers, Mit;	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Solomono e Man Dete / 8 , 1934	Nature of injury
19. UNDERTAKER E. E. Dryon	24. Was disease or injury in any way related to occupation of deceased?
(Address) Solomons, Mil.	If so, specify
20, FILED 1/14 19 34 Drasfortel.	(Signed) 6 8 Coster M.D.
Registrar.	(Address) Solomoro. ma.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 6 15_6	1 (		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH County	vert	F9.0)	Registration D	ist. No. 9	7
Village or City Lin	oly.	NoNo No No No (If death occurred in a hospital or instit	tution, give its NAME.	St.,	d number)
Length of rasidance in city or town wild	e death occurredyrsm	ds. How long in U.S. if	of foreign birth?	yrs	.mosds.
2. FULL NAME / hd	rear any.	Meling			
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident gi	ive city or town a	nd State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL C	CERTIFICATE		
3. SEX Temas 4. COLOR OR RACE	5. SINGLE MARRIED, WIDOWED, OR DIFORCED (write the word)	21. DATE OF DEATH	nod,	2 / (Day)	., 193 <del>//</del> (Yeer)
ia. If married, widowed, or divorcad HUSBAND of (or) WIFE of	-	22. NOU 10	Y CERTIEY	That i attende	ed deceased from
DATE OF BIRTH (month, day, and year)	aport 9,193	B I last saw h aliva on	Med.	20,193	£; daath is said
7. AGE Years Months	Days If LESS than 1 day,hr	to have occurred on the data state.  The PRINCIPAL CAUSE OF DEA were as follows:			Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	none	Scu	Le	***************************************	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		1 drone	hitis	/	3-114
10. Date daceased last worked at this occupation (month and year)	11. Totel time (years) spent in this occupation				
12. BIRTHPLACE (city or town)(State or country)	771.	Other Contributory Causes of Imp	Media  Media		10 da
13. NAME Ghas  14. BIRTHPLACE (city or town)	Milhing	Malney	hilion	>	2
14. BIRTHPLACE (city or town) (State or country)	The distribution	Name of operation What tast confirmed diagnosis?		Date of	
15. MAIDEN NAME France	Janes.	23. If death was due to external ca			
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	J Milling	Accident, suicide, or homicide?  Where did injury occur?  Specify whather injury occurred	(Specify city or to	own, county and S	itate)
(Address) Augli 18. BURIAL, CREMATION, OB REMOVAL	y , M J J Date Mrs 222 195	Manner of injury		•	
19. UNDERTAKER WITHING (Address)	2. Harlanes	Nature of injury  24. Was disease or injury in any  If so, specify		of daceased?_	no
20. FILED 7158 - 22 , 19 3 4 2	V. C. Pardre Registrar.	(Signed)	Sin D	Freder	7 m. D

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
E MARKETT V				
Other contributory causes of importance:	3	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 B of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Calvert	Registration Dist. No.
00000	
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Wesley Shewwell	
(V. 1 9 1	bald Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH volember //
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of Wattie Shewwell	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) February 27 1866	Hast saw h Malive on Nov 16 1934; death is sain
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
68 7 14 Itay, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	acute facto enteritis 20/26/
kind of work done, as SPINNER, Merchand	Tartie Penchosis 11/3/2
A Syndustry or business in which	Carchae Bailine 1/10/
work was done, as SILK MILL, Jeneral Idlane SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) I Mary Capually	Tertiary Syphiles (19)
(State or country)	1 00
	well
14. BIRTHPLACE (Girty or town) A Mayofs	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Sally Freeland	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Sally Freeland 16. BIRTHPLACE (city or town) Calvert Co	Accident, suicide, or homicide? Date of Injury
(State or country)	Where did injury occur?
WILLIAM Welling Passau	(Specify eity or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	
18. BURIAL, CHEMATION OR REMOVAL	Manner of injury
Place Of Jane Church Oate 11-12, 1934	Nature of injury
19. UNDERTAKER L. Hancher & Dan	24. Was disease or Injury in any way related to occupation of deceased?
(Address) milital mil	if so, specify
20. FILEO 11-12, 1934 A.M. King Registrar.	(Signed African M. C. (Address) Through Suduces
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street car Peritonitis	1 week ago
Run over by street car	1 week ago
	-
Peritonitis	
	3 days ago
Other contributory causes of importance	
Gastroenteritis	1 year
	her contributory causes of importance: stroenteritis

)	ECORD. Every item of infor-	PHYSICIANS should state	act statement of OCCUPA.		
THE	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.	
	Z	1	T	1	

1. PLACE OF DEATH	(45-P)
County LALVERT	Registration Dist. No. 2
Village or City DARS TOW	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
Length of residence in city or town where deeth occurred	
2. FULL NAME ON JOUNG	
(a) Residence: No. DAPS TOVV. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the year)	
a. If merried, widowed, or divorced HUSBAND of Wasy C. Goussy.	22. I HEREBY CERTIFY, That I ettended decessed from  Apple 1933, to 1800 1939
DATE OF BIRTH (month, day, and year) April 25 /86	2 Nast saw h M. alive on Supel a Y 1934; death is said
. AGE. Years Months Days If LESS th	
72 6 7 1 day,	
8. Trede, profession, or particular kind of work done, es SPINNER, Januel SAWYER, BOOKKEEPER, etc.	Hypertensine Culise Union 1929 Chebra Haemorchage 11/1/34
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9-Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupition (mgnith and	
10. Date deceased last worked et this occupation (month and yeer) 11. Total time (years) spent in this occupation	ie –
(2. BIRTHPLACE (city or town) Calvest Co.,  (State or country)	Other Contributory Causes of Importance:
0 11	
10,01, 10	
14. BIRTHPLACE (city or town)	Neme of operation Oate of What test confirmed diagnosis?
15. MAIDEN NAME Chyaheth Hutelu  16. BIRTHPLACE (city or town) alust to	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) alunt for	Accident, suicide, or homicide? Date of injury, 19,
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mary Joerny (Address) Mary Joerns	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	3 A Manner of injury
Place Astrug Dete 1 + 19	Nature of injury
19. UNDERTAKER J. a. Harbres + Lon (Address) Malest, and,	24. Was disease or injury in any way related to occupation of deceased? MO
20. FILED 1/3 , 19 3 4 27. 1	(Signed).

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